



#6-AV 2823

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PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/755,673
	<b>Filing Date</b>	January 5, 2001
	<b>First Named Inventor</b>	Leonard Forbes, et al.
	<b>Group Art Unit</b>	2823
	<b>Examiner Name</b>	Nguyen, K.D.
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> MI22-1531

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): PTO Return Receipt Postcard; Form 1449 cited art. and check for \$180.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert C. Hyatt; Reg. No. 46,791; Wells, St. John, P.S.
Signature	
Date	11/10/03

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Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known	
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																									
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, PS <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		<b>3. ADDITIONAL FEES</b>																																																																																																																									
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Robert C. Hyta	Registration No. (Attorney/Agent)	46,791
Signature		Telephone	509,624-4276
		Date	11/10/03

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